PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

NO. 6490 FEB 2 5 2005 RANEW TRANEW

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION PEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as maintenance fee notifications. or <u>Fax</u>

23347

7590

12/01/2004

DAVID J LEVY, CORPORATE INTELLECTUAL

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

ted pe ilc

PROPERTY GLAXOSMITHK FIVE MOORE DR RESEARCH TRIA	AL.	I her State addre transi	eby certify that s Postal Servicessed to the M mitted to the U!	Certificate this Fee e with sur fail Stop SPTO (70	s of Mailing or Tra s) Transminal is be ficient postage for ISSUE FEE addre 3) 746-4000, on the	ansmission ring deposited with first class mail in as above, or being date indicated be	h the United an envelope of facsimile flow.			
		├	WILL OF I	eJ.	Pieiffer	(De	posino('s name)			
				-	Maya	116. E	71 77	107	(Signature)	
APPLICATION NO.	FILING DATE	Febra				<u>у 25,</u>	20Ø5 <i>[[[</i>	<u> </u>	(Date)	
10/031,261	01/10/2002	<u> </u>		ED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATI	ÓN NO	
TITLE OF INVENTION: MEDICAMENT CARRIER		Stanley George Bonney			F	G3694 USW	5050			
	THE CARREL				\$ 02/2	8/2005	BABRAHA2 0000		10031261	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE PUBLICATION			^D E	C:1501	1400.00			
nonprovisional	NO			PUBLIÇA	TION FEE	TOT	AL FEE(S) DUE	DATEDU	E	
777		\$ 137	so .			\$1370	03/01/200)5		
EXAMI		ART U	ART UNIT CLASS-SUECLASS		ז			· -		
	LEWIS, AARON J		3743 129 200240			,				
1. Change of correspondence a CFR 1.363).	address or indication of "Fo	Address" (37	2. For printing on the parent front page, list							
Change of corresponder Address form PTO/SB/122	orrespondence	(1) the names of the parent from page, list (1) the names of up to 3 registered parent attorneys or agents OR, alternatively.					P. Riek			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be princed.							
3. ASSIGNEE NAME AND R	ESIDENCE DATA TO DE	70 mm o o b								
PLEASE NOTE: Unless an recordation as set forth in 37	assignee is identified belo	W. AO BESIGNED ON T	HE PATENT ata_will_appe:	(print or type) ar on the patent	If an assime	o is ideas				
(A) NAME OF ASSIGNEE			INIED ON THE PATENT (print or type) 10 assigned data will appear on the patent. If an assigned is identified below, the document has been filed for a form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
SMITHKLINE BEEK	•	Philadelphia, Pennsylvania								
Please check the appropriate ass 4a. The following fee(s) are encl			ted on the east		misyrvan	ila				
4a. The following fee(s) are encl	osed;	4b.	Payment of Fe	ent): Indiv	vidual E Con	poration o	r other private grou	pentity Gove	Timent	
199 Dr. L. 66										
Publication Fee (No small entity discount permitted) Advance Order - # of Copies 4			A check in the amount of the fec(s) is enclosed. Payment by credit card. Form PTO-2038, is attached.							
			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 27-1392 (enclose an extra copy of this form).							
5. Change in Entity Status (from	n status indicated above)		cposit Accour	it Number O	7-7342	(c	nelose an extra copy	edir any overpaym y of this form).	ient, to	
■ a. Applicant claims SMAL	LENTITY etatus Con 77	W-D + A-	.							
The Director of the USPTO is rec NOTE: The Issue Fee and Public merest as shown by the records of Authorized Signard	uested to apply the Issue Feating Fee (if required) will a	ss and Publication	Fee (if any)	or to re-apply as	ny previously p	ENTITY aid issue f	status, Sec 37 CFR	1.27(g)(2),		
Authorized Signature	Tue United States Palent a	nd Trademark Of	fice.	er man me mb	icant; a register	red altorne	y or agent; or the a	ssignee or other p	uty in	
	TO THE				Date _ 2 - 2	<u> </u>	2005		-	
Typed or printed nameAMES P. RIEV				R	legistration No.	<u>_39</u>	,009			
This collection of information is nan application. Confidentiality is a submitting the completed applications form and/or suggestions for Box 1450, Alexandra, Virginia 22 Alexandra, Virginia 22 Alexandra, Virginia Reduction Ader the Paperwork Reduction	overned by 35 U.S.C. 122 ion form to the USPTO. Ti ducing this burden, should 313-1450. DO NOT SENT	ne information is and 37 CFR 1.14 me will vary dep be sent to the Ch FEES OR COM	required to obtain this collection of the collec	otain or retain a lon is estimated the individual can Officer, U.S. RMS TO THIS	benefit by the p to take 12 minu se. Any commo Putent and Trac ADDRESS. SE	ublic which tes to con- ents on the icmark Of IND TO: (ch is to file (and by inplete, including ga e amount of time y fice. U.S. Departm Commissioner for P	the USPTO to pro athering, preparing for require to com- eat of Commerce, atents, P.O. Box	(ccas) (, and (plote P.O.	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PTOL-85 (Rev. 11/04) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



FAX

То	BOX ISSUE FEE
Company	USPTO
Fax	703-746-4000
From	Marjorie J. Pfeiffer
Tel	1-919-483-9038; Facsimile: 1-919-483-7988
E-mail	marjorie.j.pfeiffer@gsk.com
Date	February 25, 2005 Pages including cover 3
Subject	Issue Fee Transmittal – Appl. No. 10/031,261



GlaxoSmithKline PO Box 13398 Five Moore Drive Research Triangle Park North Carolina 27709

Tel: 919 483 2100 www.gsk.com

Re:

Issue Fee Payment

Application of Stanley George BONNEY et al.

U.S. Serial No.: 10/031,261; Filed: January 10, 2002

Date of Mailing "Notice of Allowance and Fees Due": December 1, 2004

Title: Medicament Carrier
Attorney Docket No. PG3694USw

Attached:

 Issue Fee Transmittal (Part B), in duplicate with Certificate of Transmission (37 CFR 1.8(a))

The information contained in these documents is confidential and may also be privileged and is intended for the exclusive use of the addressee designated above. If you are not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, any disclosure, reproduction, distribution, or any other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return,